

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
6

ACCOUNT #
00070466

| | | | |
|-------------------------------|--|---|--|
| 1 NAME | TITLE; FIRST; MI The Honorable Diego M. | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/29/2019 | |
| | NICKNAME; LAST; SUFFIX Bernal | | |
| 2 ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP [REDACTED] | Receipt # | |
| | [REDACTED] | HD / PM Amount | |
| | <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS) | Date Processed | |
| | | Date Imaged | |
| 3 TELEPHONE NUMBER | AREA CODE PHONE NUMBER; EXTENSION [REDACTED] | | |
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) | | |
| | <input checked="" type="checkbox"/> ELECTED OFFICER House Representative, District 123 (INDICATE OFFICE) | | |
| | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT | | |
| | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) | | |
| | <input type="checkbox"/> OTHER _____ (INDICATE POSITION) | | |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Elyse Bernal

DEPENDENT CHILD 1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|--|---|---------------------------------|--|
| 1 INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] [REDACTED] POSITION HELD | | |
| <input checked="" type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION Attorney | | |

| | | | |
|---|---|---------------------------------|--|
| INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Texas House of Representatives ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 11th Street & Congress Ave Austin, TX 78768 POSITION HELD State Representative | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

| | | | |
|---|--|--|--|
| INFORMATION RELATES TO | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Susan G. Komen of San Antonio ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 85 NE Loop 410 San , TX 78216 POSITION HELD Executive Director | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|---|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED] |
| 3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Bexar |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| 5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--------------------|--|
| 1 ORGANIZATION | Justice For Our Neighbors |
| 2 POSITION HELD | Board Member |
| 3 POSITION HELD BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

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On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☒ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☒ N/A Part 4 - Mutual Funds
- ☒ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☒ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☒ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☒ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Business Associations
- ☒ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☐ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Diego M. Bernal

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath